



In re Application of:

TAKAHISA YAMAMOTO, et al.

Application No.: 09/188,108

Filed: November 9, 1998

For: COMMUNICATION NETWORK, AND NODE DEVICE USED THEREIN
CONTROL METHOD THEREFOR

Docket No. 03560.002285

Examiner: S. Hom

Group Art Unit: 2661

Date: January 23, 2002

RECEIVED

FEB 12 2002

Technology Center 2600

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231 on 1/23/02

(Date of Deposit)

Edward A. Kmetz, Reg. No. 42, 748

Name of Attorney for Applicant

Signature

Date of Signature

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	** 40	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$42 \$84	-0-
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☐ A check in the amount of \$___ to cover the fee for a ___ month extension is enclosed.

☒ A check in the amount of \$180.00 to cover the Information Disclosure Statement fee is enclosed.

☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

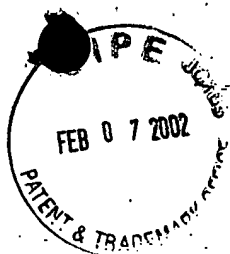


Attorney for Applicants

Registration No. 42,746

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New York, New York 10112-3801
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Assistant Commissioner for Patents
Washington, D.C. 20231

Date 3/31/00
Mo. Day Yr.

Atty. Docket 350-2285

Application No. 09/188,128

Sir: Kindly acknowledge receipt of the accompanying:

- ☐ Response to Official Action. _____
- ☐ Check for \$ _____ (claims fee)
- ☐ Petition under 37 CFR 1.136 and Check for \$ _____
- ☐ Notice of Appeal and Check for \$ _____
- ☒ Information Disclosure Statement, PTO-1449 and _____ documents
- ☐ Claim for priority and certified copies of _____ priority applications
- ☐ Issue fee transmittal and Check for \$ _____
- ☒ Other (specify) status inquiry

by placing your receiving date stamp hereon and mailing or returning to deliverer.

Atty. LPD/mw

Due Date 7.0.0
Mo. Day Yr.

37 CFR 1.8 ☐

37 CFR 1.10 ☐

By Hand ☒

